

# Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 6/6/2007

Address: CR 550 W

Case #: 33F27920

Poland, IN

County: Owen

## Type of Laboratory Seizure (check one)

- ☐ Operational Lab  
☒ Chemical/Glassware/Equipment (only)  
☐ Dumpsite (only)

## Seizure Location (check all that apply)

- ☐ Residence  
☐ Outbuilding  
☒ Vehicle  
☐ Hotel/Motel  
☐ Open No Structure  
☐ Other:

## Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- ☐ Lithium/Ammonia Reaction(s): \_\_\_\_\_  
☐ Red Phosphorous/Iodine Reaction(s): \_\_\_\_\_  
☐ Flammable Solvents: \_\_\_\_\_  
☒ Water Reactive Metal (Lithium): \_\_\_\_\_  
☐ Anhydrous Ammonia: \_\_\_\_\_  
☐ Hydrochloric Acid Gas Generator(s): \_\_\_\_\_  
☐ Corrosive Acid: \_\_\_\_\_  
☐ Corrosive Base: \_\_\_\_\_  
☒ Other (item and location): In vehicle

## Child under age 18 discovered (check one)

- ☐ Yes 0 (number present)  
☒ No

\*If yes, fax report to Child Protective Services

## Investigative Information

- ☐ Ephedrine/Pseudoephedrine Tracking Log  
☐ Retail/Merchant Tip  
☒ Other: OCSD

## This report is to be faxed to the following agencies that serve the location:

Fire Department: Morgan Twp FD

Fax: Hand Delivered

Health Department: Owen Co.

Fax: Hand Delivered

Child Protection Service: \_\_\_\_\_

Fax: \_\_\_\_\_

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: Jon Patrick

Phone 332-4411

\*\* This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

\*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.